## **PATENT**

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Date:



COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Mail Stop PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s):

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For: Method For Converting CT Data To Linear Attenuation Coefficient Map Data

This application includes:

Total pages of specifications, including claims and abstract title page sheets of drawings, \_\_formal/X informal containing Figures photographs (design patent application only) Also enclosed is: **Declaration and Power of Attorney** An assignment of the invention to Siemens Medical Solutions USA, Inc.

A certified copy of a \_\_\_\_ application. Information Disclosure Statement pursuant to 37 CFR 1.56.

The filing fee has been calculated as shown below:

FOR:	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	OTHER THAN A SMALL ENTITY RATE FEE
BASIC FEE	XXXXXXXXX	XXXXXXXXX	\$ 750.00
TOTAL CLAIMS	53 - 20 =	33 x \$ 18 =	\$ 594.00
INDEP CLAIMS	5 - 3 =	2 x \$ 84 =	\$ 168.00
* MULTIPLE DEPENDENT CLAIM PRESENTED +\$ 280 =			\$
TOTAL			\$1,512.00

<u>X</u> Please charge my Deposit Account No. 19-2179 in the amount of \$1,512.00. A duplicate copy of this sheet is enclosed.

- The Commissioner is hereby authorized to charge payment of the following fees associated with this <u>X</u> communication or credit any overpayment to Deposit Account No. 19-2179. A duplicate copy of this sheet is enclosed.
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  - Any patent application processing fees under 37 CFR 1.17.
  - Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

John Kirkland Douglass, J Registration No.: 46,011

Dated: 09.11.2003

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